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Country programme document

South Sudan

Summary

The country programme document (CPD) for South Sudan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $29,172,000 from regular resources, subject to the availability of funds, and $118,666,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.

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Programme rationale

1. Despite ongoing peace processes, South Sudan remains volatile and faces a crisis of unprecedented proportions, with the lives of many children at risk. The crisis disproportionately affects women and girls, and inequalities persist between women, men, boys and girls in terms of education access, livelihood opportunities, protection and political processes. Peace talks have occasionally resulted in ceasefire agreements, but they have been systematically violated. The political, security and economic situation has deteriorated over the past two years, with a corresponding increase in violence, a significantly worsened humanitarian situation and massive violations of child rights. The fighting has two distinct, but at times interwoven, elements: a national political struggle; and intercommunal conflicts over land and cattle. Since 2015, spreading hostilities have resulted in 4 million South Sudanese people being displaced, including 2.4 million children. Of the 2.1 million who sought refuge in neighbouring countries, more than a million are children.

2. Two key challenges complicating the response are limitations to humanitarian access and poor availability and reliability of data. In 2017, a total of 1,159 humanitarian access incidents were reported by aid organizations in South Sudan, higher than the 908 reported in 2016 and 909 in 2015. Of the 7 million people requiring assistance in 2018 (more than half children), an estimated 800,000 lack sustained access to humanitarian aid. Inadequate or absent recent data complicates planning and monitoring programmes.

3. South Sudan is a young, resource-rich, largely agricultural country with low-income status: 63 per cent of the population lives below the nationally defined poverty line, 70 per cent is under 30 years old and around 85 per cent engages in subsistence agriculture. Since 2015, rapid currency devaluation and basic commodity shortages have caused hyperinflation, compounding the economic hardships most face. In much of South Sudan, conflict and drought have halted agricultural production and other economic activities, contributing to the estimated 82 per cent of the population experiencing food insecurity, 25 per cent severely. Famine remains a very real risk.

4. Although the need for social services has increased exponentially, economic shocks and conflict have sharply reduced government revenue and capacity. The inability of the Government to pay salaries has caused an exodus from the civil service, while the proportion of government expenditure on social sectors has dropped precipitously. For example, just 3 per cent of the already-reduced 2015/16 third quarter budget was spent on education and 1 per cent on health, compared to 41 per cent on security and 24.7 per cent on public administration. Government capacity to develop policies and implement programmes is further limited by the expanded number of states, which are responsible for service delivery and infrastructure development.

5. Even before the 2013 upsurge in the conflict, the nutrition situation was critical for children under five. In 2010, the rate of stunting was 31 per cent and global acute malnutrition 23 per cent, with more boys affected than girls. The number of children suffering from severe acute malnutrition rose from an estimated 108,000 in 2013 to 269,000 in 2018. In 2017, 36 of 55 nutrition surveys reported acute malnutrition rates above 15 per cent, the emergency threshold. Micronutrient deficiencies, notably vitamin A, iron and iodine, are common among children, young people and women. The key drivers of malnutrition in South Sudan include food insecurity, suboptimal feeding practices, high morbidity, poor access to and utilization of health and nutrition services, low sanitation coverage, poor hygiene practices, social norms and gender dynamics. Government capacity to respond to nutrition challenges is limited by lack

of access, low staff motivation and insufficient budgets. Thus, the nutrition response increasingly depends on the humanitarian community.

6. The latest global estimate for maternal mortality (2015) was alarming: 789 deaths per 100,000 live births. Although half of pregnant women attend at least one antenatal care visit, in 2017, skilled practitioners attended only 8 per cent of births. Under-five mortality was estimated at 91 deaths per 1,000 live births in 2016; 41 per cent of under-five deaths were among newborns. The situation has since deteriorated. Routine immunization coverage declined from 80 per cent in 2011 to coverage in 2017 of 75 per cent for measles and 58 per cent for both polio and pentavalent 3. Each week in South Sudan, malaria kills nearly 220 people, mostly children under five years old. While malaria remains the main killer of children, the number of deaths from vaccine-preventable diseases such as measles and meningitis is increasing. There are an estimated 138,600 orphans and other children made vulnerable by AIDS and 12,000 children under the age of 15 living with HIV. Adult HIV prevalence is estimated at 2.7 per cent.

7. Although a health sector strategic plan is nearing completion, maternal and child health programmes are constrained by lack of financing, social norms, high costs and long distances to facilities. Even before the conflict intensified, the health system was weak, fragmented and dysfunctional. There are serious shortages of supplies, equipment and human resources: only 37 per cent of health facilities have functioning cold chain equipment, there are approximately 0.15 doctors and 0.2 midwives for every 10,000 people and, in some areas, residents walk up to 20 kilometres to reach a primary health-care facility. The recent upsurge in insecurity has led to massive displacement of the population and health workers, and looting and vandalizing of health facilities. As a result, more than 50 per cent of health facilities are estimated to be non-functional.

8. The World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene estimated that in 2015 only half of the population had at least basic access to improved water, while a further 30 per cent had limited access (at least a 30-minute round-trip walk), with minimal urban/rural differences. Just 10 per cent of the population had at least basic sanitation facilities (rural: 6 per cent, urban: 28 per cent). Underinvestment, scarce technical capacity and shortages of spare parts limit maintenance of water and sanitation systems. Poor practices — not washing hands with soap, and inadequate treatment and storage of water — lead to low micronutrient absorption, undernutrition and cholera. From June 2016 to September 2017, South Sudan experienced its most persistent and deadly cholera outbreak since independence, with 20,438 cases and 436 deaths — nearly half (46 per cent) among children.

9. The ongoing crisis has aggravated an already-difficult education situation. The deterioration of systems and services has led to poor educational outcomes, limited participation by girls and insufficient school infrastructure. School enrolment rates are among the lowest in the world. According to the Education Management Information System,[1] the gross enrolment rates in 2016 were 76 per cent at primary level and 10 per cent at secondary level; the gender parity index was 0.75 at primary level and 0.57 at secondary level. In mid-2017, more than 2 million primary-school-aged children were estimated to be out of school, and close to 1.3 million were at risk of dropping out. Approximately one third of primary schools are damaged, occupied or closed due to the conflict and failure to pay teacher salaries. Quality is a particular concern: most primary schoolchildren attending school do not achieve foundational

[1] The 2016 Education Management Information System provides the latest statistics on education in 6 out of 10 former states.

literacy, numeracy and life skills. Two thirds of teachers are untrained and there are major shortages of teaching and learning materials.

10. More than half of the child population is estimated to have been directly affected by the conflict, with 3,220 documented grave violations affecting 77,000 children. This includes more than 19,000 children recruited into armed forces and groups and more than 1,200 documented cases of sexual violence. School closures have led to greater numbers of unsupervised children and a concomitant rise in protection concerns, including an increased risk of harmful coping mechanisms, child marriage and escalating boys' involvement in armed groups or crime. Since 2014, more than 16,000 unaccompanied children were registered as separated from their families and requiring protection, family tracing and reunification. Over a million children and young people are experiencing profound psychological distress. Existing services to address psychosocial well-being and prevent and treat mental disorders are inadequate.

11. Civil registration and vital statistics systems are underdeveloped. From the country's independence in mid-2011 to 2017, birth notifications had been provided to only 450,578 children. A civil registry bill was passed by Parliament in January 2018. The establishment of a national digital database, along with plans to address bottlenecks hindering registration services, should significantly increase the number of birth notifications.

12. Although underreported due to fear of retaliation and social stigma, gender-based violence — including sexual violence, abductions, child marriage and forced marriage — is widespread. It is fuelled by harmful traditional practices, the ongoing conflict and lack of access to adequate support services. A 2016 analysis documented serious gender inequalities, rooted in traditional social norms. Roughly 41 per cent of survey respondents reported experiencing gender-based violence within the past year. Prior to late-2013, approximately 52 per cent of girls were married before the age of 18 and the conflict has reinforced traditional gender roles, further increasing the risk of child marriage. Inequality is reflected in primary schools, where only 36 per cent of pupils are girls and only 14 per cent of teachers are female.

13. A key lesson learned from the evaluation of the United Nations Interim Cooperation Framework, 2016–2017 is the need to remain flexible, taking advantage of opportunities arising from peace initiatives while increasing support for building resilience and capacity at the subnational and household levels. Programming should integrate conflict sensitivity and peacebuilding. In this environment, an enhanced gender focus, driven by inter-agency collaboration, is essential to deliver results.

14. UNICEF has a track record of effective coordination with partners, constructive engagement with government authorities and a strong field presence. A decentralized presence in South Sudan has enabled UNICEF to establish long-term relationships with communities and authorities at the local and national levels. The UNICEF multisectoral approach facilitates linkages and synergies to tackle the multiple deprivations faced by children in South Sudan. UNICEF strengths also include timely procurement and delivery of supplies in emergencies. Through its equity focus and specialized mandate, the organization is well placed to address the rights of girls, women and young people; to integrate dialogue on conflict and peacebuilding activities with agile service-delivery modalities to respond to the evolving security situation; and to reach underserved communities.

15. While retaining its primary focus on saving lives and alleviating suffering, the programme will increase efforts to safeguard and protect vulnerable children and women; increase access to basic services; empower the next generation; support recovery and resilience of communities; and improve systems for data collection and analysis. Based on the priorities identified, UNICEF proposes the following

programme components: health; nutrition; water, sanitation and hygiene (WASH); education; child protection; social policy; and programme effectiveness.

Programme priorities and partnerships

16. This programme of cooperation contributes to all four agreed outcome areas of the United Nations Cooperation Framework (UNCF, 2019–2021): building peace and good governance; strengthening food security and recovering livelihoods; strengthening social services; and empowering women and young people. These areas are aligned with the emerging national development strategy, the UNICEF Strategic Plan, 2018–2021 and the UNICEF Gender Action Plan, 2018–2021.

17. The overall vision for the programme is "Enhanced and more equitable outcomes achieved for the children of South Sudan." To this end, UNICEF will continue to expand the delivery of basic services while working towards building a protective environment in which children's rights are respected and, to the extent possible, opportunities are created for children to develop their potential. In stable areas, UNICEF will work with partners to implement programmes for longer-term recovery and resilience among affected communities. UNICEF will work to strengthen cross-sectoral, integrated responses at the national and subnational levels, while seeking local solutions and community engagement using innovative approaches to access communities requiring humanitarian responses. Efforts will be undertaken to ensure that the sectors mainstream protection and that the "do no harm" principle is fully respected.

18. The **health programme** will contribute to at least 1.7 million under-five children and 240,000 pregnant women and girls equitably accessing and using quality essential maternal, neonatal and child health services each year. Given the ongoing emergency and weak health system, UNICEF will combine life-saving interventions with strengthened mobile outreach and community-based services to enhance community resilience, in line with the Government's Boma Health Initiative. This will enable greater utilization of services by populations with intermittent access to health care. The programme will contribute to a reduction in preventable maternal, newborn and child morbidity and mortality by providing basic commodities and quality, high-impact health interventions. It will seek to improve health outcomes by fostering community engagement, spurring demand and supporting the establishment of prevention of mother-to-child transmission of HIV services at health facilities that lack them. The programme will contribute to health system strengthening, including through adoption of solar and other low-cost technologies and building the capacity of front-line health and community workers, while enabling those exposed to gender-based violence to have access to clinical services. Immunization, nutrition and community-based programmes will be used as platforms for nationwide integration of child health interventions.

19. The **nutrition programme** will contribute to improving the nutritional status of 1.7 million under-five children, young people, girls and women by increasing the equitable use of quality nutrition services. The programme will scale up provision of life-saving community-based interventions for children suffering from severe acute malnutrition while promoting optimal maternal and young child nutrition practices during the first 1,000 days of life. It will work to increase the capacity of implementing partners — including those engaged in community management of acute malnutrition — to prevent, detect and treat stunting, with a focus on improving adolescent and maternal nutrition and complementary feeding for young children. During humanitarian crises, maternal and child nutrition interventions will be delivered through mobile outreach and the integrated rapid response mechanism

(IRRM), enabled by pre-positioning of supplies. To address gaps in governance, knowledge and data, the programme will support the development of a national multisectoral nutrition strategic plan and strengthen coordination, partnership and the nutrition information system.

20. The **WASH programme** will contribute to 2.2 million vulnerable people, especially children in conflict-affected, underserved and epidemic-prone communities in both rural and urban areas, having basic access to and expanded use of equitable and sustainable WASH services. Interventions will include providing water supplies and basic sanitation in internal displacement camps, underserved communities, schools and health facilities in urban and peri-urban areas. UNICEF will promote community approaches to total sanitation, menstrual hygiene management in schools and security for women and girls at water and sanitation facilities. The programme will engage with small-scale service providers to operate public toilets and maintain sanitary facilities. Front-line service providers, institutions and communities will be provided with the knowledge and skills to prevent cholera, stop the transmission of guinea worm disease, prevent and respond to outbreaks of other diseases and practise good hygiene. The programme will contribute to the development of key enabling policies, strategies and monitoring systems that enhance community resilience.

21. The **education programme** will contribute to 1.1 million children and young people, with a focus on children aged 3–18 years and affected by conflict and other emergencies, having increased and equitable access to quality education and improved learning outcomes by 2021. Within the framework of the Strategic Plan 2017–2021 of the Ministry of General Education and Instruction, the programme will continue to provide education services, including life skills and livelihood support, in safe and protective learning environments for vulnerable out-of-school children and young people. Special measures will be supported to provide educational opportunities for children from the pastoralist community who face access challenges. The programme will contribute to strengthening community engagement and promoting social accountability and governance within the education system. UNICEF support will include the establishment of safe learning spaces, including gender-sensitive WASH facilities; support for teacher training; and provision of teaching and gender- and age-appropriate materials to improve learning quality and outcomes while seeking to enrol and retain girls in school. Community peacebuilding education at the local level will primarily focus on young people to support resilience and develop a culture of peace.

22. The **child protection programme** will contribute to reducing the number of children and young people exposed to, or at risk of, violence, exploitation and abuse in emergency and non-emergency settings. The programme will focus on delivering critical services, promoting positive behaviours and strengthening policies and systems to build a protective environment for children. Priority issues include responses to child rights violations, including gender-based violence and child marriage; birth registration and justice for children; family tracing and reunification; and safe release, care and reintegration of children associated with armed groups, alongside efforts to prevent recruitment. Demobilized and other at-risk young people will be trained as community agents of change and exposed to new skills and opportunities. In collaboration with other actors, survivors of gender-based violence will be provided with psychosocial support and case management services. The risk of gender-based violence will be mitigated by providing women- and girl-friendly spaces and addressing social norms. Mine risk education will continue to be supported through community capacity development and the school curriculum. Evidence generated through research and programme monitoring will be used to raise awareness and support policy dialogue and advocacy for an improved enabling

environment. The child protection programme will work with other programmes to ensure that UNICEF interventions are protection-sensitive. UNICEF will continue to monitor and report grave violations of child rights, pursuing cross-border collaboration and coordination.

23. The **social policy programme** will contribute to an improved policy environment and a social protection system that is more sensitive to issues related to gender and children. The programme will support national and subnational surveys, rolling situation analysis, budget analysis and analysis of the evolving political, economic and social context. UNICEF will, to the extent possible, contribute to building a timely and robust evidence base and advocate for child-centred budgeting and policies across sectors. To this end, it will support increased capacity among national planning institutions to generate evidence for policy formulation and routine monitoring of service delivery. UNICEF will work with the Government to operationalize and monitor child-centred elements of its national social protection framework in both emergency and non-emergency settings.

24. The **programme effectiveness component** will ensure the programme is effectively designed, coordinated and managed, both centrally and in the field, to meet quality standards and achieve results for children. External communication will raise awareness of the situation of marginalized children and young people and strengthen the capacity of the media, civil society, children and young people to advocate for children's rights. Communication-for-development approaches will support programmes to promote the adoption of behaviours that increase the demand for and utilization of life-saving social services, as well as community participation to provide for increased accountability to affected populations. These approaches will focus on empowering girls, young people and mothers with child- and gender-friendly social norms while promoting good practices and peacebuilding. Operational support and field operations will be critical components.

Programme strategies

25. To achieve the identified programme outcomes, the following strategies will be implemented:

(a) Integrated and coordinated approaches, to improve effectiveness and efficiency while mainstreaming protection concerns;

(b) Targeted service delivery employing flexible delivery methods, including the IRRM and mobile outreach, to adapt to the evolving security situation;

(c) Increased capacity and resilience of partners and systems at the local, community and household levels to address critical challenges, where conditions permit;

(d) Supply chain optimization through common inter-agency mechanisms, including core commodity pipelines for centralized procurement and pre-positioning of humanitarian supplies;

(e) Evidence-based, gender-responsive communication-for-development methods mainstreamed to engage with households and communities in support of behavioural and social change, including promotion of child- and gender-friendly social norms and practices to increase demand for services and peacebuilding;

(f) Innovative uses of technology leveraged to improve programme performance, particularly in monitoring, engaging and empowering communities, social mapping and reporting;

(g) Strengthened partnerships with local communities, government agencies, implementing partners, neighbouring countries, development partners and other United Nations organizations;

(h) Gender and issues related to young people mainstreamed into all programme interventions; and

(i) Generation of evidence to support planning, advocacy and resource mobilization.

Partnerships

26. UNICEF will continue to work with several ministries at the national and state levels (Agriculture; Education, Science and Technology; Energy, Dams, Irrigation and Water Resources; Finance and Economic Planning; Gender, Child and Social Welfare; Health; Information; Interior and Wildlife Conservation; and Justice), along with the National Bureau of Statistics and the National Disarmament, Demobilization and Reintegration Commission.

27. In a context in which non-governmental actors deliver most social services, it is particularly critical to establish strong partnerships with them. UNICEF will continue working with other United Nations organizations, the United Nations Mission in South Sudan, the World Bank, local and international civil society organizations, and global programmes such as the Global Partnership for Education; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and Scaling Up Nutrition. In hard-to-reach and conflict-affected areas, UNICEF will continue working with community structures, faith-based organizations and other civil society groups.

28. In Abyei, an area disputed between the Sudan and South Sudan for which the final status is yet to be determined, the programme will continue to collaborate with the United Nations Interim Security Force for Abyei and UNICEF Sudan on joint interventions and cross-sectoral support.

29. UNICEF will intensify its collaboration with partners, including national and international non-governmental organizations, to launch a broader "zones of peace" initiative focused on recovery and resilience. In 2017, UNICEF worked with 149 civil society implementing partners, 66 per cent of which were local. During the new programme, UNICEF will refine its partnership strategy to focus on developing the capacity of a limited number of high-potential local partners.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	2 162	21 195	23 357
Nutrition	2 003	8 196	10 199
Water, sanitation and hygiene	2 003	21 764	23 767
Education	2 003	30 000	32 003
Child protection	2 525	17 149	19 674
Social policy	3 516	2 048	5 564
Programme effectiveness	14 960	18 314	33 274
Total	**29 172**	**118 666**	**147 838**

* About $200 million in emergency funding (other resources (emergency)) is required annually to support the humanitarian response.

Programme and risk management

30. This country programme document outlines UNICEF contributions to national results aligned to the UNCF and serves as the primary unit of accountability to the Executive Board for results and resources assigned at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

31. Given the volatility of the situation in South Sudan, UNICEF will employ an agile programming approach to assure sufficient flexibility to address changes on the ground. Below are potential future scenarios and the organization's planned implementation strategies and modalities for continuing to deliver results for children under each scenario:

(a) *Continuation of the slow and steady fragmentation of all parties, underpinned by lack of political consensus to end the violence*. Government capacities would continue to deteriorate and frequent humanitarian crises, man-made and natural, would remain the norm. The UNICEF programme would require flexible service-delivery systems capable of shifting between emergency and recovery modes, implying continuing implementation through civil society partners and direct mechanisms while strengthening government capacity, mainly at the local level. In the absence of strong state structures, UNICEF would undertake integrated, multisectoral programming, deliver life-saving packages of basic social services with civil society partners, and continue joint programming with other United Nations organizations.

(b) *Collapse of peace talks leading to intensified conflicts throughout the country*. Characterized by accelerated fragmentation of the governing elites and violent divisions within different groups, this scenario would include the possibility of coups d'état or war in Juba and/or state capitals. UNICEF would focus on delivering life-saving services and supplies on a limited scale, both directly (leveraging IRRM missions) and in collaboration with other humanitarian agencies. The security situation would require a decreased footprint and scale of delivery, with greater reliance on cross-border operations.

(c) *Peace initiatives bear fruit, supported by intensified international pressure to end the conflict*. A new, inclusive and likely expanded (but still weak) Government would come into being and the proportion of the country experiencing stability would increase. UNICEF would use the same approach to delivering services as in the first scenario and include prudent resumption of programming for system-building with government partners. The organization's ability to carry out programming would require that peace dividends are visible; government priorities shift from security to development; and human rights principles, gender equality and social inclusion are incorporated into the country's development plans.

32. This country programme is based on the assumptions that humanitarian access remains possible, sufficient implementing partners remain on the ground and zones of peace remain accessible. In addition, the programme relies on the availability of adequate resources for implementation; continued constructive engagement by UNICEF and other partners in equity-based policy dialogue and programming; and sufficient resources to concurrently implement both development and humanitarian programmes.

33. Key risks include: inability to reach the most vulnerable due to access restrictions; insufficient funding and donor fatigue; ongoing conflict leading to political instability; negative effects of climate change; supply chain delays

undermining service delivery; continuing price volatility and inflation, which further affect service provision costs and food security; and rapid staff turnover and exodus of national capacities, hindering the achievement of programme objectives.

34. To mitigate risks, UNICEF will work with the United Nations country team to implement flexible systems of service delivery to facilitate humanitarian access; build capacity for contingency planning and business continuity; manage core supply pipelines; strengthen community resilience; streamline conflict-sensitive monitoring systems; and expand engagement with donors and partners. UNICEF will continue, with partners, to develop an early warning system and incorporate risk-reduction mechanisms into development activities, to facilitate more effective humanitarian relief during crises. UNICEF will strengthen its national human resource base, hiring staff with competencies in both humanitarian and development work. To mitigate financial and programmatic risks in programme implementation, staff and partner capacity will be further enhanced to fully leverage procedures and systems designed for the harmonized approach to cash transfers.

35. To improve the effectiveness and efficiency of programmes, greater emphasis will be placed on innovation and multisectoral integration; for example, using schools as platforms for child protection, health, WASH and nutrition interventions. UNICEF will work with other United Nations organizations to adopt new ways of working to simultaneously address short-term humanitarian needs and plan for a more sustainable future.

Monitoring and evaluation

36. The Integrated Monitoring and Evaluation Plan, including the monitoring and evaluation framework, will be used to facilitate rigorous, results-based management. The costed evaluation plan covers four programme interventions, including further strengthening the release and reintegration programme for children formerly associated with armed forces or groups. Innovative monitoring mechanisms, including sentinel site monitoring, will be introduced to facilitate programme reviews, planning and reporting. Country programme results and indicators are aligned to national, regional and global frameworks, and progress against them will be assessed through mid-year and annual reviews with the Government and partners.

37. The UNCF will serve as a United Nations-wide monitoring, reporting and accountability tool for tracking progress towards achieving strategic outcomes; updating common indicators; and conducting joint studies, analyses and evaluations. Conditions permitting and to the extent possible, UNICEF, with other United Nations organizations and partners, will support ongoing situation analyses through national surveys and strengthening sectoral monitoring and information systems, with a focus on disaggregation by gender, age, geographic location and disability.

Annex

Results and resources framework

South Sudan — UNICEF country programme of cooperation, 2019–2021

Convention on the Rights of the Child: Articles 2, 6, 7, 8, 9, 10, 19, 22, 24, 26, 28, 29, 34–40
National priorities: South Sudan National Development Plan 2018–2021
National Development Strategy 3: Access to basic services

United Nations Cooperation Framework 2019–2021 priorities
1: Building peace and good governance; 2: Improving food security and recovering local economies; 3: Strengthening social services; and 4: Empowering women and youth

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR*	Total
1. Health Children under five years and pregnant women use more equitable and better quality essential maternal, newborn and child health services	Percentage of pregnant women with at least four antenatal visits B: 22.6% (2016) T: 35% (2021)	Health Management Information System (HMIS)	1.1 Government and other partners have increased capacity to deliver routine and supplementary immunization and respond to disease outbreaks 1.2 Front-line health and community workers have increased capacity to provide quality, essential maternal and neonatal care 1.3 Front-line health and community workers have increased capacity to provide flexible, integrated case management services for common childhood illnesses	Ministry of Health (MOH), World Health Organization, United Nations organizations, fund managers and civil society organization (CSO) partners	2 162	21 195	23 357
	Percentage of live births attended by skilled health personnel. B: 10% (2016) T: 15% (2021)	HMIS					
	Percentage of children <1 year receiving 3 doses of diphtheria, tetanus and pertussis (DTP)/Pentavalent vaccine. B: 57% (2017) T: 75% (2021)	HMIS/Joint Reporting Form on immunization data (JRF)					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR**	*Total*
	Percentage of children <1 year receiving the first dose of measles-containing vaccine B: 71% (2017) T: 95 (2021)	HMIS/JRF					
2. Nutrition Girls and boys under age five, young girls and women in South Sudan increasingly use more equitable and better-quality nutrition services	Percentage of infants aged 0–5 months who are exclusively fed with breastmilk B: 45% (2010) T: 50% (2021)	National Nutrition Survey	2.1 Girls and boys under age five, school-age children, young girls and women have increased and more equitable access to quality preventative nutrition services 2.2 Girls and boys under age five have increased and more equitable access to better quality nutrition services for early detection and treatment of severe acute malnutrition 2.3 Girls and boys under five years old and caregivers affected by humanitarian crises have increased and timely access to quality nutrition services in line with UNICEF Core Commitments for Children in Humanitarian Action (CCCs) 2.4 Government and non-governmental actors have improved capacity in governance, nutrition information systems and knowledge-generation to facilitate scale-up of nutrition interventions	MOH, Ministry of Agriculture, Scaling Up Nutrition partners, CSOs, multilateral financial institutions, donor governments	2 003	8 196	10 199
	Number of children aged 6–59 months who received vitamin A supplements in semester 1 B: 1,500,000 (2017) T: 1,800,000 (2021)	National Immunization Days reports					
	Percentage of children aged 6–59 months with severe acute malnutrition who are admitted for treatment and recover B: 87% (2017) T: 90% (2021)	Nutrition Information System					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR*	Total
3. WASH Vulnerable people, particularly children in conflict-affected, underserved and epidemic-prone communities in South Sudan, use improved, equitable and sustainable WASH services	Percentage of households with basic water services B: 50% (2017) T: 60% (2021)	UNICEF/WHO Joint Monitoring Programme (JMP) reports	3.1 Vulnerable and emergency-affected people have access to basic sanitation facilities 3.2 Vulnerable and emergency-affected people have access to safe drinking water 3.3 Target communities have increased capacity for effective emergency preparedness and response for WASH, aligned with the CCCs		2 003	21 764	23 767
	Percentage of population using basic sanitation B: 10% (2017) T: 15% (2021)	JMP reports					
4. Education Children and young people aged 3–18 years affected by conflict and emergencies use increased and equitable life-saving quality education services, resulting in improved learning outcomes	Percentage of boys and girls in humanitarian situations targeted by UNICEF and partners utilizing formal or non-formal basic education (including pre-primary schools/early childhood learning spaces) B: 46% (2017) T: 100% (2021)	Education Assessment Report	4.1 Government and other national partners have increased capacity at national and subnational levels for improved implementation, monitoring and inclusive sector planning 4.2 Children and young people in humanitarian situations have access to protective, quality basic education services	Ministry of General Education and Instruction, CSO partners	2 003	30 000	32 003
	Increased average learning outcome results in core subjects Mathematics – B: 67% (2017); T: 82% (2021); Language – B: 40% (2017); T: 55% (2021)	Early grade learning assessments					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR*	Total
5. Child protection Children and young people at risk of violence, exploitation and abuse, in emergency and non-emergency settings, use integrated basic social services	Number of girls and boys under age 5 having birth notification documents B: 21% (2017) T: 44% (2021)	Birth notification registers	5.1 Government and national partners have laws, regulatory frameworks and service delivery systems in place to improve children's access to justice and birth registration services 5.2 Key actors are able to provide improved core child protection and gender-based violence services for children at risk of or exposed to violence, exploitation and abuse in emergency and non-emergency settings	Ministry of Gender, Child and Social Welfare (MOGCSW), Ministry of Justice, United Nations Mission in South Sudan; Office of the United Nations High Commissioner for Refugees, United Nations Population Fund, United Nations Development Programme, United Nations Office for the Coordination of Humanitarian Affairs, International Organization for Migration, CSO partners	2 525	17 149	19 674
	Number of children and young people (girls and boys) utilizing critical child protection services B: 365,807 (2017) T: 800,000 (2018)	Project reports					
6. Social policy South Sudan increasingly implements child-sensitive policies and social protection programmes	Child-sensitive safety net programmes have emergency-response capacity B: None (2017), T: Yes (2021)	Sector review	6.1 Government and partners have enhanced capacity to generate equity-focused data, evidence and analytical studies on children 6.2 Government and partners have enhanced capacity to design and implement child-sensitive social protection programmes	World Bank, World Food Programme (WFP), MOGCSW, Food and Agriculture Organization of the United Nations (FAO)	3 516	2 048	5 564
	Increased share of public spending on health and education benefiting children B: 2.1% Education, 2.6% Health (2017), T: 5% Education, 5% Health (2021)	National budget review					
7. Programme effectiveness: Country programmes are efficiently	Percentage of management and programme priority indicators meeting the scorecard benchmarks for quality standards	Insight scorecard dashboard	7.1 Staff have enhanced capacity to provide timely assistance to programmes in line with office key performance indicators.	Community-based organizations, WFP, FAO, WHO, OCHA, government line ministries	14 960	18 314	33 274

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR*	Total
designed, coordinated, managed and supported to meet quality standards in achieving results for children	Percentage of annual and midterm review recommendations implemented	UNICEF review reports	7.2 Staff have enhanced capacity to effectively communicate on child rights 7.3 Communities have access to information on positive behaviours and life-saving practices and an inclusive feedback mechanism for informed decision-making and resilience				
Total resources					**29 172**	**118 666**	**147 838**

*An estimated $200 million in emergency funding (other resources (emergency)) per year is required for the humanitarian responses, 2019–2021.